

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 10/587696 FILING DATE

APPLICANT(S)

CLAIMS

| | AS FILED | | AFTER 1 ST AMENDMENT | | AFTER 2 ND AMENDMENT | |
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| TOTAL DEP. | ← | 7 | ← | ← | | ← |
| TOTAL CLAIMS | | 8 | | | | |

| | AS FILED | | AFTER 1 ST AMENDMENT | | AFTER 2 ND AMENDMENT | |
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| TOTAL IND. | | ↓ | | ↓ | | ↓ |
| TOTAL DEP. | ← | 7 | ← | ← | | ← |
| TOTAL CLAIMS | | 8 | | | | |